



Maryland

OPIOID OPERATIONAL
COMMAND CENTER

Maryland COVID-19 Inter-Agency Overdose Action Plan

June 2020

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Background

The novel coronavirus pandemic and COVID-19 disease have drastically altered everyday life around the world. To reduce the spread of the virus, Governor Larry Hogan has led an aggressive response for Maryland, executing a stay-at-home order on March 30, 2020 that encouraged Marylanders to engage in physical distancing measures and to limit non-essential travel. Unfortunately, the coronavirus pandemic and the actions necessary to address it have produced notable side effects, including temporary increases in unemployment and disruptions to support systems that protect individuals from social isolation.

The Challenge

Recovery will be long, and certain precautions, including physical distancing, will be a part of our lives for the foreseeable future. We recognize that economic stress, high unemployment rates, and social isolation are risk factors for many negative health outcomes, including problematic substance use. We also understand that, in times of disaster, people may be more vulnerable to diseases of despair, including substance use disorder (SUD). While the public health crisis presented by the coronavirus pandemic has complicated our state's response to the overdose crisis, the Hogan-Rutherford Administration remains committed to responding to the behavioral health challenges that arise as we move forward with the state's recovery.

Our Plan

In collaboration with the Maryland Department of Health, the Opioid Operational Command Center (OCC) is leading the development of the state's overdose action plan to respond to what will be an increasingly challenging environment to combat the opioid crisis amidst the coronavirus pandemic. This plan is intended to highlight actions that we can take immediately to ensure that systems and resources are in place for individuals in need of substance use services throughout all stages the emergency response. Some strategies and tactics are new, and some have been identified previously as priorities for the OCC. The new action plan will supplement the annual *Maryland Inter-Agency Coordination Plan*.

The OCC recognizes that COVID-19 mortality rates are highest among Maryland's minority communities. We are therefore deeply concerned about the potential impact the pandemic will have on people with SUD within minority groups. As an immediate step to address these impacts, we will begin publishing demographic breakdowns of drug-and-alcohol-involved fatality data. We will also work with our partners to identify additional ways that we can address any racial disparities in SUD service provisions or related health outcomes.

The overdose action plan shown below is organized by the Hogan-Rutherford Administration's policy priorities: *Prevention & Education, Enforcement & Public Safety, and Treatment & Recovery*. The plan lists goals, strategies, tactics, and implementation partners. For clarity, the plan defines a goal as a broad, desired outcome; a strategy as an approach that will be taken to achieve a goal; and a tactic as the specific actions that will be taken to implement a strategy. Implementation partners include state agencies that are responsible for the administration of an identified strategy. However, our partnerships with state-and-community-based organizations are a critical component of successful strategy implementation.

State Partners

The OOC would like to thank the following partners for contributing feedback to the overdose action plan: Baltimore Harm Reduction Coalition (BHRC), the Governor's Office of Crime Prevention Youth and Victim Services (GOCPYVS), Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA), Maryland Association for the Treatment of Opioid Dependency (MATOD), Maryland Department of Health (MDH): Behavioral Health Administration (BHA), Medicaid, Public Health Services (PHS), Primary Care Program (MDPCP), Maryland Department of Housing and Community Development (DHCD), Maryland Department of Human Services State Council on Child Abuse and Neglect (SCCAN), Maryland Department of Labor (MDOL), Maryland Essentials for Childhood, Maryland Insurance Administration (MIA), Maryland Institute for Emergency Medical Services Systems (MIEMSS), Maryland State Police (MSP), and the National Council on Alcoholism and Drug Dependence (NCADD).

Prevention & Education

Goal 1: Prevent Problematic Substance Use

Strategies	Tactics	Implementation Partners
Mobilize state partners to address Adverse Childhood Experiences (ACEs).	<ul style="list-style-type: none"> ▪ Support efforts of the Department of Human Services (DHS) State Council on Child Abuse and Neglect (SCCAN) and the Maryland Essentials for Childhood ACEs Action Workgroup to disseminate information on practical strategies to reduce the impacts of trauma caused by COVID-19. ▪ Promote and support efforts to expand trauma-informed training across state agencies. 	DHS SCCAN, GOCOPYVS, PHS, OCCC
Use public awareness campaigns to disseminate information regarding SUD during the COVID-19 crisis.	<ul style="list-style-type: none"> ▪ Fund the promotion of PSAs on administering naloxone. ▪ Promote PSAs developed by BHA on managing mental health and accessing resources following COVID-19. ▪ Promote the <i>#HereToHelp</i> campaign to coordinate resources pertaining to behavioral health issues related to COVID-19. 	BHA, OCCC
Support vocational skills programs to support employment.	<ul style="list-style-type: none"> ▪ Apply for supplemental federal funding through the National Dislocated Worker Grant to expand programming in Local Workforce Development Areas. ▪ Distribute funding through the United States Department of Labor's <i>Beating the Odds - Maryland's Integrated Workforce Solution</i> grant to serve individuals impacted directly or indirectly by the opioid crisis. ▪ Continue to distribute funding through the Opioid Workforce Innovation Fund to provide vocational support to individuals impacted by the opioid crisis. 	MDOL

Prevention & Education

Goal 2: Reduce Substance-Related Morbidity and Mortality

Strategies	Tactics	Implementation Partners
Develop a comprehensive crisis system.	<ul style="list-style-type: none"> ▪ Continue to promote <i>211, press 1</i>, as the state’s crisis hotline. ▪ Coordinate statewide efforts to expand the crisis response system to ensure services are available to meet the needs of individuals across the state. ▪ Expand crisis services to areas of need through grant programming (HSCRC Regional Catalyst Grants, State Opioid Response Grants, Crisis Response Grant, etc.). ▪ Continue to partner with the Behavioral Health Administration (BHA) and Medicaid to identify sustainable funding mechanisms to support crisis services. 	BHA, Commission to Study Mental and Behavioral Health, Medicaid, OOCC
Continue targeted naloxone distribution.	<ul style="list-style-type: none"> ▪ Partner with Opioid Treatment Programs (OTP) to distribute naloxone to individuals receiving extended take-home doses of medication assisted treatment (MAT). 	BHA
	<ul style="list-style-type: none"> ▪ Advertise the partnership between the Baltimore Harm Reduction Coalition and NextDistro to distribute naloxone through the United States Postal System. 	OOCC, PHS
	<ul style="list-style-type: none"> ▪ Educate and encourage local emergency medical service (EMS) providers to participate in naloxone leave-behind programs. 	MIEMSS

Prevention & Education

Goal 2: Reduce Substance-Related Morbidity and Mortality (cont'd)

Strategies	Tactics	Implementation Partners
Promote harm reduction as an essential service.	<ul style="list-style-type: none"> ▪ Continue harm reduction outreach, including the distribution of harm reduction supplies, with adjusted hours, limited staff, and creative and safer delivery models. 	PHS
	<ul style="list-style-type: none"> ▪ Coordinate with pharmacies to ensure they are aware of their ability to sell harm reduction supplies without a prescription. 	PHS
Expand access to affordable housing.	<ul style="list-style-type: none"> ▪ Promote the Department of Housing and Community Development (DHCD) Emergency Solutions Grant (ESG) program, which provides prevention assistance to individuals at-risk of homelessness (individuals who are at or below 50% of the area median income). ▪ Continue to distribute ESG funding through the continuum of care structure. ▪ Identify additional funding mechanisms that can support rental-assistance programs. 	DHCD
Educate first responders on best practices for treating individuals suspected of overdosing.	<ul style="list-style-type: none"> ▪ Disseminate Substance Abuse and Mental Health Services Administration's (SAMHSA) guidance for law enforcement and first responders on administering naloxone in the COVID-19 era. 	GOCPYVS, PHS
	<ul style="list-style-type: none"> ▪ Provide education for first responders on safety precautions when responding to overdose scenes. 	MIEMSS

Enforcement & Public Safety

Goal 1: Expand Alternatives to Incarceration for People with SUD

Strategies	Tactics	Implementation Partners
Expand Law Enforcement Assisted Diversion (LEAD) programs.	<ul style="list-style-type: none"> ▪ Continue to engage and provide technical assistance to local jurisdictions who are interested in expanding LEAD programming. ▪ Support the LEAD National Support Bureau to provide technical assistance to communities participating in LEAD to expand their competencies. 	GOCPYVS, PHS

Goal 2: Expand Access to SUD Treatment in the Criminal Justice System

Support local detention centers with the implementation of medication assisted treatment (MAT) programs.	<ul style="list-style-type: none"> ▪ Support BHA and GOCPYVS in providing training and technical assistance to local detention centers that are expanding MAT programming. ▪ Partner with BHA and GOCPYVS to identify sustainable funding mechanisms to support the long-term expansion of MAT in detention centers. 	BHA, GOCPYVS
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Enforcement & Public Safety

Goal 3: Monitor Substance-Use Trends

Strategies	Tactics	Implementation Partners
Strengthen partnerships between heroin coordinators and public health professionals.	<ul style="list-style-type: none"> ▪ Expand heroin coordinator programming in counties without coordinators. 	GOCPYVS, HIDTA
	<ul style="list-style-type: none"> ▪ Facilitate training opportunities for public health professionals on utilizing data collected from heroin coordinators: <ul style="list-style-type: none"> • Train more health professionals on how to use HIDTA’s ODMap software. • Identify and implement best practices and guidance for sharing data between heroin coordinators, public health professionals, peer recovery support specialists, and parole and probation professionals. • Encourage collaboration and information sharing between local health department harm reduction teams and homeless service providers. 	GOPYVS, PHS

Treatment & Recovery

Goal 1: Expand Access to Substance Use Disorder Treatment

Strategies	Tactics	Implementation Partners
Promote health insurance enrollment.	<ul style="list-style-type: none"> ▪ Raise awareness on how to enroll in health care coverage through Maryland Health Connection. 	MDH
Promote consistent implementation of methadone take-home doses and intake availability.	<ul style="list-style-type: none"> ▪ Provide education to OTPs to ensure providers understand the new regulations for take-home doses for MAT. 	BHA
Increase primary care capacity to screen individuals for SUD.	<ul style="list-style-type: none"> ▪ Continue to enroll primary care providers in Maryland's Primary Care Program (MPCP) to implement Screening Brief Intervention and Referral to Treatment (SBIRT) programs. 	MDPCP
Increase SUD screening for temporary cash assistance recipients.	<ul style="list-style-type: none"> ▪ Support implementation of SUD screening by Family Investment Administration (FIA) case managers ▪ Issue referrals to addictions specialists co-located within the offices of local departments of social services statewide. 	BHA, DHS
Assess the impact of loosened regulations around SUD treatment to identify if certain regulations can remain lifted.	<ul style="list-style-type: none"> ▪ Monitor the benefits/challenges associated with the following policy changes: <ul style="list-style-type: none"> • Expanded capacity for virtual buprenorphine induction. • Telephonic counseling for patients enrolled in OTPs. • Extended take-home doses of methadone through OTPs. 	BHA

Treatment & Recovery

Goal 2: Ensure Access to Recovery Support Services

Strategies	Tactics	Implementation Partners
Support peer recovery support specialist programs in multi-disciplinary settings.	<ul style="list-style-type: none"> ▪ Ensure that peers and outreach workers are equipped with PPE to provide support services. ▪ Promote Overdose Survivors Outreach Program to connect individuals who overdose to community resources. ▪ Continue to build workforce competencies of peer recovery support specialists to enable peers to become certified. 	BHA, PHS
Ensure recovery-support services are available to individuals.	<ul style="list-style-type: none"> ▪ Develop and provide guidance for support groups and drop-in centers to enable them to resume safely operating recovery support services. 	BHA
Expand recovery housing.	<ul style="list-style-type: none"> ▪ Convene the Behavioral Health Advisory Council's (BHAC) Recovery Residences Workgroup to explore regulatory issues around recovery residences. ▪ Identify regulations that need to be updated or adopted to expand recovery residences statewide. ▪ Update regulations that limit the expansion of recovery residences. 	BHA